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CONFIRMATION NO. 3042

<b>SERIAL NUMBER</b> 10/786,211	<b>FILING OR 371(c) DATE</b> 02/24/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b>
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**APPLICANTS**  
 Thomas Oval Wood, Memphis, TN;

**\*\* CONTINUING DATA \*\*** *yes* *SA*  
 This appln claims benefit of 60/455,385 03/14/2003

**\*\* FOREIGN APPLICATIONS \*\*** *None* *SA*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
 \*\* 05/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>SA</i>	<b>STATE OR COUNTRY</b> TN	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> <i>14</i> <i>SA</i> <i>10</i>	<b>INDEPENDENT CLAIMS</b> 1
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**ADDRESS**  
 Thomas O. Wood, M.D.  
 4264 Nellwood Lane  
 Memphis, TN38117

**TITLE**  
 Wood airway, neck, and head support

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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